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BY

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(READ BEFORE THE MEDICO-CHIRURGICAL SOCIETY ON 13TH JUNE.)

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I have not selected for this evening's paper the subject of Fibrous Polypi and Fibrous Tumours of the Uterus, because that any novelty is attached to it or that I have any original views to announce respecting the origin, symptoms or treatment of such growths, but that having several specimens of these neoplasms in my possession removed at various times I hoped a brief clinical history of them might be of sufficient interest to the society to warrant me in intruding so practical a topic upon the consideration of its members.

A. Fibrous Polypi.—Case I.—In September 1866 I was called to a village 50 miles from here to see an unmarried lady, about 30 years of age, who had been the subject of menorrhagia for a long time, and of intermitting metrorrhagia for several months. She presented a blanched exsanguine appearance, was very weak, depressed in spirits, devoid of appetite, and much emaciated. The pulse was shabby and frequent, and her mental condition nervous and despondent. Iron, ergot, sulphuric and gallic acids, acetate of lead, port wine, etc., had severally

failed to permanently restrain the hemorrhage; yet from motives of delicacy the attending physician had not made a vaginal examination. I at once did so and found a fibrous tumour about the size of a hen's egg, but more globular in form, projecting into the vagina, its upper extremity being tightly surrounded by the os uteri but not continuous with it. She at once accompanied me to Montreal to have it removed. As the vaginal orifice was very small, a piece of compressed sponge was introduced within it and secured by a T bandage the night before the operation, and next day with the able assistance of Drs. Campbell and Drake the growth was removed in the following manner: Chloroform having been administered the growth was seized with a vulsellum, and a loop of broad tape passed over the latter so as to embrace the highest portion of the polypus outside of the uterus—strong traction failed to draw out anymore of the tumour from the uterus, it appeared to be very firmly attached by its upper extremity rather than by a true pedicle—it was rather sessile than pedunculated. Drawing the polypus almost into the ostium vaginæ I divided it close to the os uteri by repeated strokes of a scissors. No hemorrhage followed, although the cut surface, as may yet be seen in the preparation (No. 1), had a circular area about equal to that of a shilling.

No constitutional or local disturbance followed; the patient soon regained her health and has menstruated normally ever since.

The growth is an example of the very dense uterine fibromata and was covered by a thin vascular membrane very like uterine mucous membrane. It was not considered necessary to dilate the os and ascertain the point of attachment of the growth, so that I am unable to determine that fact in its history. Its removal by the scissors illustrates one of the most facile and in many instances the safest as well as the most expeditious methods of removing uterine polypi.

Case II.—Mrs.— from New Brunswick, aged 49 years, consulted me in June 1870 respecting what she had been told was a "prolapsus uteri." She had been married twelve years without issue, and had been for several years subject to profuse menstruation every three weeks and to occasional attacks of severe metrorrhagia. During the year preceding this report these symptoms had increased in frequency and urgency, and several times she had been obliged to procure medical assistance. Vaginal injections of alum had been employed for a long time.

She was a stout, rather fat, and cheerful person, and although very pale, was with the above exception quite healthy.

A pear-shaped firm polypus about the volume of a small-sized hen's egg occupied the vagina, and its pedicle of the thickness of my index finger, could be traced through a large and flabby os uteri to its insertion into the posterior wall of the cervical canal, about an inch above the os externum.

On the 17th June, with the assistance of Dr. Ross, then the House Surgeon of the Montreal General Hospital, I passed the chain of an ecraseur within the cervical canal as close to the uterine attachment of the polypus as possible and slowly separated it. Moderate bleeding from the stump of the pedicle ensued, but under injections of cold water soon ceased. A pledget of cotton wool saturated with a mixture of 1 part of Liq. Ferri Perchloridi Fort. and 4 parts of water was placed within the os against the divided pedicle, and a tampon of cotton wool introduced into the vagina.

The tampon was removed next day—bleeding had not recurred. No constitutional disturbance followed the operation, and no inconvenience was experienced beyond a moderate discharge from the uterus, and for a few days, a slight pain in the right ovarian region. She left for her home quite well on the 3rd July and might safely have done so at an earlier date.

Case III.—Resembles in many respects the one last related but has some interesting peculiarities, more especially in the symptoms which followed the removal of the polypus.

In May 1866, Mrs.— sought my advice with reference to very profuse menstruation of long standing. She was about 46 years of age and the mother of six children, of whom the youngest was eleven years old. A vaginal examination disclosed a slightly patulous os through which the sound detected an intra uterine growth. A strict observance of the horizontal posture during menstruation, and the administration of ergot and sulphuric acid moderated the monthly loss very satisfactorily and it was agreed to wait for the extrusion of the polypus from the uterine cavity before attempting its removal. On the 24th July following, she experienced uterine pains and felt that a body had descended into the vagina. Visiting her by request the next day, I found a pear-shaped polypus (specimen 3) as large as a large hen's egg in the vagina, and attached by a pedicle of about the thickness of my index finger to the inside of the uterus, upon its interior wall—and at least an inch above the patulous os. On the 28th with the assistance of Dr. Drake, the patient having been etherized, I passed the chain of an ecraseur over the pedicle and within the uterus, and slowly divided the attachment of the growth—no hemorrhage occurred—but on the 3rd March a rigor ushered in a smart attack of metritis attended with offensive discharge from the vagina. This however soon yielded to treatment and she was quite convalescent by the end of the month. Her health became perfectly restored and better than it had been for years.

Two things appear to be worthy of notice in connexion with this case—first, the satisfactory result of palliative treatment while the polypus was yet intra-uterine, and all the more apt to produce obstinate menorrhagia—second, the occurrence of metritis after the careful re-

moval of the polyp by means of an ecraseur. Most persons familiar with uterine disease, must have observed the varying degrees of tolerance of surgical interference with the uterus manifested by different women. In some persons, fortunately they are exceptional, the introduction of an uterine sound or sponge tent, the division of the cervix, the twisting or snipping off of a small glandular polypus, an intra-uterine injection, etc., will be followed by severe pelvic cellulitis or metritis, while other persons, not distinguishable from the former by the most experienced physician, will suffer without any unpleasant sequence, similar and much more severe mechanical interference.

An instructive instance of this kind may not be out of place, more especially as it offers an example of a variety of uterine polypus by no means of infrequent occurrence, although not belonging to the variety which forms the subject of this paper.

Early in 1867 a lady put herself under my care in the following condition. About 34 years of age, she was sterile although married 14 years, and had all that time suffered from very profuse menstruation. She was very feeble and anæmic. Insisting upon a local examination, to which she was much opposed, I found, in addition to considerable hypertrophy of the cervix ("Areolar hyperplasia" of Thomas) and a patulous os, four nabothean polypi (specimen 6) about the size of apple pippins, attached within the cervical canal, and two of those cysts so frequently seen embedded in the lips of the cervix in sterile women. The polypi were snipped off and the two cysts opened with the points of the scissors, and these little operations, practised without violence and even without pain, were followed by a rather sharp attack of pelvic cellulitis which lasted three weeks. The menorrhagia although decidedly improved by the removal of the minute polypi was not altogether cured, and as she was about to visit her friends in Scotland, I advised her to consult when

there Dr. Matthew Duncan to whom I sent an abstract of her case. That gentleman dilated the cervix with sponge, found another small polypus higher up and removed it—severe inflammation followed and she was alarmingly ill for some time.

Here then was a person in whom on two occasions serious inflammation of the pelvic viscera was induced by very trivial operations.

Case IV differs from those previously described in that the neoplasm was completely enclosed within the uterine cavity and as belonging to a class of cases intermediate between true polypi and sub-mucous fibrous tumours—viz: intra-uterine fibroid growths attached by a broad and sessile base but of a polypoidal shape (specimen 5).

For the notes of the case up to the time of the removal of the tumour I am indebted to Dr. Roddick.

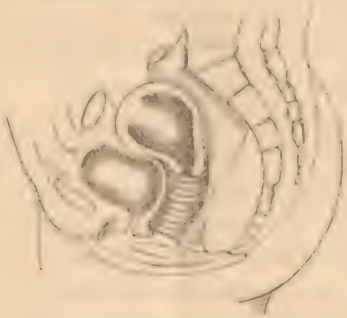
"R. R. aged 30, a tall, dark-haired woman, unmarried, was admitted to the Montreal General Hospital on the 18th December 1872. It was difficult to get a very straightforward story from her, but her history and condition were pretty nearly as follows:—

"She had always enjoyed good health until a year ago when she met with an accident by falling down stairs while serving in a family residing at Murray Bay for the season. This fall was followed by excruciating pain in the back and headache; so intense and persistent indeed, that her mistress becoming alarmed, after a few days sent her to Montreal, when she immediately presented herself at the hospital. While on the way to this city she commenced to '*flood*' and in spite of all treatment lost more or less blood continuously for about a fortnight. No cause could be assigned for the loss although a uterine examination had been made. Slight pain in the back remained after the hemorrhage, and appears indeed never to have entirely left her since. She positively asserts, however, that her menses became quite regular and of moderate amount until a week before admission this time, when a

profuse bloody discharge again commenced accompanied by back, and headache quite as severe as before. She had been troubled with leucorrhœa for years.

"Her condition on admission was that of extreme prostration after hemorrhage, being blanched to a great degree, the pulse frequent and weak, and the appetite entirely gone.

"*Uterine Examination.*—Entire absence of neck of uterus—os extremely thin, and dilated sufficiently to allow of the introduction of the finger as far as the first joint—within was readily felt a body resting immediately against the os, and which gave way to the point of the finger pressed against it. The impression conveyed was that of a polypoid growth appended from some point in the cavity of the uterus. Dr. Howard verified this diagnosis at a subsequent examination."



On the 16th January I introduced a pretty large sponge tent into the os uteri with the view of fully exploring the relations of the growth and removing it if the attempt should appear prudent. Next day the patient having been put fully under chloroform, the tent was removed and the finger passed well up into the uterine cavity. A firm globular tumour, with a broad sessile attachment to the very fundus uteri was easily made out (Figure 1). After some little trouble and with the assistance of Dr. Ross, Braxton Hicks's wire rope ecraseur was passed over the growth and its attachments were gradually divided.

Some difficulty was now experienced in delivering the detached tumour from the uterine cavity, and it was not until after I had made two vertical incisions half an inch long at opposite points of the dilated os, that a long and strong pull upon the tumour with a vulsellum at last extracted it. No hemorrhage occurred and the uterine cavity was washed out with a weak solution of iodine.

At the visit the day after the operation the patient presented well marked erysipelas of the right side of the face, apparently commencing in the meatus auditorius which had been the seat of a small abcess for a couple of days previously.

The erysipelatous inflammation gradually extended over the face and head, there was the usual constitutional disturbance of that affection; but throughout its course, no pain was complained of in the abdominal cavity, and the only medication addressed to the uterus was a daily vaginal injection of warm water containing a teaspoonful of Condy's fluid to the pint.

She made a speedy recovery and two weeks after the operation I found the body and cervix of the uterus of about their usual size, but the os somewhat enlarged by the incisions that had been practised upon it.

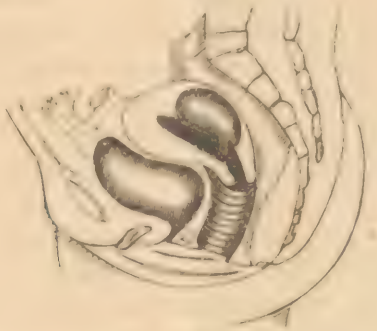
The tumour is a firm almost globular fibrous neoplasm, measuring in its greatest circumference six inches. Its attachment to the uterus was circular and had a diameter of an inch and a quarter as may yet be seen by an examination of the specimen (No. 4).

B. *Fibrous Tumours*—Case V—is an example of a true fibrous tumour of the uterus, an affection very much more common than true fibrous polypus of that organ; but on the other hand although more common it is less amenable to treatment and its removal involves more troublesome and dangerous operative measures.

Mrs. W., aged 30, has been married several years, is sterile and for nearly the whole period has suffered from profuse menorrhagia, which she attributes to an uterine

tumour, in proof of which she shews me a pickle bottle filled with coagula preserved in spirit, which she regards as expelled portions of the growth.

The uterus is somewhat irregularly enlarged, the os slightly patulous and the sound touches a resisting body within the womb. A large sponge tent having been introduced into the os in the evening and removed in the morning, had dilated the uterine mouth sufficiently to permit the detection by the finger of a firm growth embedded in the posterior wall of the uterus, but projecting by one extremity into the uterine cavity so as to form a submucous outgrowth.



The same day, assisted by Drs. Campbell and Drake, I attempted the removal of the tumour by evulsion and enucleation. The patient having been rendered insensible with chloroform, a strong vulsellum was fixed in that portion of the tumour which projected into the uterine cavity and after pulling forcibly for a short time, its attachments suddenly gave way and the growth shelled out as completely and neatly as the kernel of a nut. No hemorrhage followed, and the patient made a speedy recovery without an unfavourable symptom. Her metorrhagia also disappeared and she has enjoyed excellent health ever since—now some five years—but has not conceived.

The tumour as you see (specimen 6) is somewhat pyri-

form in shape and about as large as a hen's egg. The narrow end projected into the cavity of the uterus and about three fourths of the growth including its broad end were embedded in the uterine walls. A thin bed of areolar tissue separated the tumour from the substance of the uterus and permitted of its enucleation; it was a knowledge of this anatomical feature of uterine fibroids that lead Velpeau to suggest their removal by enucleation, and although the operation is not free from numerous dangers especially when the neoplasms are large and deeply embedded, yet of late years very many such growths have been successfully removed, not a few of them of considerable dimensions.

As it is well known that uterine fibroids are chiefly dangerous through the hemorrhage they induce, more especially when situate beneath the mucous membrane or in the walls of the uterus, and as their removal by excision, enucleation, gouging, etc., is frequently impracticable and always more or less dangerous, I will conclude this paper with a few observations upon a method of curing the hemorrhage which is the sympton that mainly renders these and other uterine growths especially alarming. I allude to Dr. Savage's plan of dilating the os uteri with a sponge tent and injecting the uterine cavity with a solution of iodine.

Case VI.—A few years ago having seen in consultation with Dr. Drake a lady the subject of an interstitial uterine fibroid in the posterior wall as large as a small cocoa nut which habitually caused alarming menorrhagia. I suggested the injection of iodine into the cavity of the uterus and the operation at once checked the hemorrhage. On several subsequent occasions my friend resorted to the same measure with his patient and always with prompt success.

Case VII.—Mrs. F., aged about 36, married several years, but sterile; had been suffering from severe menorrhagia and metrorrhagia for more than a year and when

first seen by me in November 1870 was very bloodless-looking and much reduced in strength. On examination several fibroid tumours were found connected with the uterus. One occupied the anterior wall about midway between the os and fundus and was mainly subperitoneal; a smaller one could be felt through the patulous os embedded in the substance of the womb but projecting slightly into its cavity; and a third was seated high up on the posterior surface of the organ. The sound required some management to introduce it within the uterine cavity owing to the distortion caused by these neoplasms. As the removal of two of these fibroids was not practicable, I confined the lady to bed for several weeks, prescribed ergot in combination with iron and upon several occasions injected the uterine cavity with the iodine solution recommended by Dr. Savage.* By the month of April the tendency to hemorrhage had been quite removed, menstruation had been re-established in moderation at regular periods and the patient's health and strength had been quite restored.

Dr. Savage's advice to dilate the os before employing intra-uterine injections should as a very general rule be followed, and then the alarming symptoms which are occasionally induced by the operation would, if I may rely upon my own experience, be rarely observed. In the following case (VIII) the omission of the preliminary dilatation of the os was the indirect cause I think of the inflammatory symptoms that on one occasion succeeded the injection.

Case VIII.—A colleague requested me to see with her a large fat, and young married woman who had long been the subject of alarming menorrhagia symptomatic of a fibrous tumour which had enlarged the uterus to above the dimensions of that organ in the 5th month of ges-

* ℞ Iodi. ʒi, Pot. Iod. ʒii, Spirit: Vini Rect.: ʒii. Aq. ʒvi.

tion. As a result of the consultation intra-uterine injections of iodine were subsequently employed upon three several occasions. Upon the last occasion symptoms of metritis or of metro-peritonitis succeeded the injection within a few hours. These proved quite serious although manageable, and were followed by phlegmasia dolens. The patient, however, recovered and the tendency to menorrhagia was cured.

I might cite other instances in which uterine hemorrhage has yielded to the injection of a solution of iodine into the uterus, but these must suffice at present. Had the subject received the consideration that in my opinion it merited, in the late able treatises of Dr. Thomas and Dr. Graily Hewitt and indeed in various recent articles upon menorrhagia and uterine tumours, I would not have thought it expedient to have added my testimony to that of Dr. Marion Sims in favour of the efficiency and of the general safety of injections of iodine solution into the uterine cavity for the arrest and cure of menorrhagia consequent upon uterine fibroids, and I can add uterine polypi.

Whether the repetition of these injections at every menstruation for five or six months sensibly reduces the volume of the tumours and in some instances effects their complete removal, I am unable to say. But this view will not appear improbable, when we bear in mind the fact that Sir C. Clarke, Rigby, Ashwell and more recently McClintock, Mathew Duncan and Playfair have recorded cases of removal by *absorption* of fibroid tumours of the womb. It may be that the iodine excites inflammation of the substance of these tumours which, because of their relatively low organization, is followed by fatty degeneration of the inflamed tissue and subsequent absorption.

9 Beaver Hall Hill, 13th June, 1873.